MISSOURI STATE BOARD OF HEAL	.TH
BUREAU OF VITAL STATISTICS	

_	CERTIFICAT	TAL SIAI	131103			
	CERTIFICAT	IE OF DEAT	ın	-	2653	4
1. PLACE OF DEATH			783-		10 12 0 10	
County	Registration District	No		File No		*********
Township.	Primary Registration	District No.	3037	Registered No	105	ı
God whound No.	555 h	PVa		-		P10001 P414
		<i></i>	A	SL		.Ward)
2. FULL NAME CLILLA	2 K/ 1/	in St	-			
NA C 1. P 7	Chi A			***************************************	***************************************	********
(a) Residence. No. (1) (1) (Usual place of abode)	CLJ SL,			nonresident give city	or town and Stat	
Length of residence in city or town where death occurred	yrs. mos.	ds.	How long in U.S., if e		yrs. mos.	dş.
		II -				
PERSONAL AND STATISTICAL PARTIC	ULARS	2	MEDICAL CER	RTIFICATE OF D	EATH	
	ARRIED, WIDOWED OR	16 DATE	OF DEATH (MONTH, DAY		1284	1022
DIVORCED	(write the word)	11	DEATH (MONTH, DAT	AND YEAR)	MAR RO	19/
I rinde While We	dow	17.				
SA. IF MARRIED, WIDOWED, OR DIVORCED	. (A. H	EREBY CERTIF	That I stiended		
HUSBAND OF (OR) WIFE OF			19#		422	, 19.
(ON) THE UP	, :		h alive on			, and that
6 DATE OF BIOTH (10/10/10	death occurred	, on the date stated above	e, at	OP	•
6. DATE OF BIRTH (MONTH, DAY AND YEAR)	1 = 1048	THE	CAUSE OF DEATH* w	/AS AS FOLLOWS: ;	, ,	
7. AGE YEARS MONTHS DAYS	II LESS than 1	Valo	ulat di.	and dite	est.	
73 / 10 / 20	day,brs.					•••••
<u> </u>	ormin.		· ·····	······	***************************************	********
8. OCCUPATION OF DECEASED		1921	•			
(a) Trade, profession, or		678	***************************************		***************************************	
perticular kind of work	rue	010		(duration)	yra	rda.
(b) General nature of industry,	*	CONTRIBUT	ropy Potali	reis to	artan	·
business, or establishment in	3	(SECONDAR				······································
which employed (or employer)	·····			(duration)2	mas	~_ a.
(c) Name of employer					,	
]} ~ ¥ .∌	VAS DESEASE CONTRACTED			
9. BIRTHPLACE (CITY OR TOWN)		Vie kon	AT PLACE OF DEATH?			
(STATE OR COUNTRY)		G 6			************************	
IO NAME OF PATHED	11/10/) Dio 🏘 o	PERATION PRECEDE DEATH	17 DATE OF		
10. NAME OF FATHER Stein	VICKARI	WAS THE	RE AN AUTOPSYT			
D.						
of 11. BIRTHPLACE OF FATHER (CITY OF TOWN)		WHAT TE	ST CONFIRMED DIAGNOSIST		····	
(STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER	ma	(Śi	ined Henry	seone	end	, W. n
12. MAIDEN NAME OF MOTHER	0	Lug ZA	1022 10	6 16	N'a	/
a 12 MAIDEN NAME OF MOTHER	Barnhai	ang 29	Address /	0. 6. AAR	us. Harre	wood
13. BIRTHPLACE OF MOTHER (ANTY OR TOWN)			the Dibnase Causing D			
(STATE OR COUNTRY)	c^		AND NATURE OF INJUR		ACCIDENTAL, SUICE	DAL, Or
14.	7	HOMICIDAL.	(See reverse side for addition	monal space.)		
INFORMANT MAN BY BLOSS OF	Cerson	19. PLACE	OF BURIAL, CREMATI	ON, OR REMOVAL	DATE OF BUI	RIAL
(Address) CCF WPfai	ander		6 11 :	11		
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15. 8/30 22 Nessan	much	20. UNDERT	TAKER?		ADDRESS/	7
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•	UE0191 KAH	I /	Ann X.1	Car al Su	137 -0 -	

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more ? precise specification, as Day laborer, Farm laborer, 4 Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or Atchome, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic ? service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occu-. pation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever write None.

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection, with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidémic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles: Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.